



Waganakising Odawak
Little Traverse Bay Bands of Odawa Indians
Office of Tribal Chairman
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LTBB ELDERS PROGRAM DENTAL SERVICES REGULATIONS
REG-ELD-RES 022110-01 081010-004

- I. Purpose.** Pursuant to Tribal Resolution #022110-01, to provide funding for establishing an Elder's Dental Program Fund, to assist Tribal Elders with specialized dental costs that are typically not covered by the LTBB Tribal Clinic. The Elders Department shall create a line item in future budgets to continue providing the Elder's Dental Services.
- II. Eligibility.**
- A. The Elder's Dental Services program will provide services to all enrolled LTBB Elders. To be eligible for the program the Tribal Elder must provide a copy of their enrollment card that shows that the person is age of 55 years or older in the current calendar year prior to any dental services being performed.
- B. The Tribal Elder will provide an invoice that contains the dental services being provided or requested along with a cost of the services. Only the following services shall be approved for payment: dentures, bridges, crowns, all prep work necessary to complete the aforementioned items, or such other items that would not be considered general maintenance or cosmetic in nature.
- C. The LTBB Elder must exhaust all their available medical/dental coverage options before applying for this program. The LTBB Elder's Dental Services program is the payer of last resort. The Elder's Dental Services program will contact the Dental Service provider and verify that all other medical and/or dental coverage options have been exhausted before providing funding.
- D. Work performed must have taken place on or after February 11, 2010 to be eligible for this program.
- III. Services.** The Elder's Dental Services will provide funding for specialized dental costs that are not typically covered by the LTBB Tribal Dental Clinic; such as the cost of dentures, bridges, crown or such other items that would not be considered general maintenance or cosmetic in nature as shall not exceed \$2,400.00 per calendar year per Elder. Periodontal surgery is not covered.

- A. If an Elder resides within the LTBB 27 county Indian Health Services [IHS] service area they are to use our LTBB Tribal Dental Clinic and shall request an invoice of costs for services from the LTBB Tribal Dental Clinic.
- B. If an Elder resides outside of the LTBB IHS 27 county service, then they may participate in a direct billing option which requires the Dental Service provider to participate as an LTBB Vendor including submission of an invoice, prior to dental services being paid , **or**
- C. If an Elder resides outside of the LTBB IHS 27 county service area, then they may participate in the reimbursement option. This option will require the Elder to first check with the Elder's Dental program to ensure that there are adequate funds available for reimbursement. The Elder's Dental program will reimburse the Elder upon receipt of an invoice for services showing that payment has been made.

IV. Administrative Requirements.

- A. The Elder's Dental Services office procedures shall be adopted by the Elders Department.
- B. A brief explanation of the Elder's Dental Services program shall be published in the Odawa Trails and on the LTBB website.
- C. Electronic and paper versions of the full Elder's Dental Services program regulations and procedures shall be made available to any Tribal Elder requesting specialized dental services.
- D. The Elder's Dental services application will be processed once all required documentation within the Elder's Dental Services program file is complete.
- E. If the request is denied, the Elders Department shall notify the requestor within five (5) business days or sooner of the reason(s) for the denial.
- F. LTBB Accounting Department requires original invoice(s) to process payments for specialized dental services received by the LTBB Tribal Elder.
- G. LTBB Elders program staff will obtain W-9 forms for all dental providers participating in the direct billing option. LTBB Accounting Department requires W-9 forms for all vendors conducting business with the Little Traverse Bay Bands of Odawa Indians before payment can be processed.
- H. In the event, a dental services provider refuses to participate in the LTBB Vendor Application process. The Tribal Elder will use the reimbursement option offered by the Tribe.

V. **Funding Requests.** In the event that additional funding is needed in a fiscal year, the Executive shall prepare a request for supplemental funding in accordance with WOS 2008-004.

VI. **Limitations.**

A. Elder's Dental Services funds are limited to \$2,400.00 per Tribal Elder in a 12-month period.

B. Program is available until current years' funding has been exhausted.

CERTIFICATION

As Chairperson, I approve the LTBB Elders Program Dental Services Regulations.

Date: _____
Ken Harrington, Tribal Chairperson

Received by the Tribal Council Office on: _____ by: _____

As the Legislative Leader and Tribal Council Secretary, we certify that this LTBB Elders Program Dental Services Regulations were approved by the Tribal Council of the Little Traverse Bay Bands of Odawa Indians at a regular meeting of the Tribal Council held on _____ at which a quorum was present, by a vote of ____ in favor, ____ opposed, ____ abstentions, and ____ absent.

Date: _____
Julie Shananaquet, Legislative Leader

Date: _____
Regina Gasco Bentley, Secretary